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UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA
 SAN FRANCISCO DIVISION

AMERICAN FEDERATION OF
 GOVERNMENT EMPLOYEES, AFL-CIO, *et*
al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity as
 President of the United States, *et al.*,

Defendants.

Case No. 3:25-cv-03698

**DECLARATION OF LEAH BARTON IN
 SUPPORT OF PLAINTIFFS' MOTION
 FOR PRELIMINARY RELIEF**

DECLARATION OF LEAH BARTON

I, LEAH BARTON, declare:

1. I am the Interim Executive Director at Harris County Public Health (HCPH), the nationally accredited public health agency for the nation's third-largest county. We seek to protect health, prevent disease and injury, and promote health and well-being for everyone in Harris County. I oversee a team of approximately 1,000 permanent staff members, in addition to some temporary staff, in the following divisions: Community Health and Violence Prevention Services; Community Health and Wellness; Environmental Public Health; Health Prevention and Coordinated Care; Mosquito and Vector Control; Public Health Preparedness and Response; and Veterinary Public Health. I also oversee our seven offices, including the Office of the Executive Director; Human Resources; Office of Communications, Education and Engagement; Office of Epidemiology, Surveillance and Emerging Diseases; Office of Financial Services; Office of Planning and Innovation; and Operations and Technology Services.¹

2. I have held this position since August 2024 and have worked for Harris County since 2021. I have prior experience in management roles and strategic initiatives.

3. I am familiar with the facts and circumstances of this matter, in which President Trump issued Executive Order 14210 to "commence a critical transformation of the Federal bureaucracy." Specifically, the Order directed all federal agencies to "eliminat[e] waste, bloat, and insularity" by engaging in "large-scale reductions-in-force (RIFs)" and preparing "reorganization plans."⁴ This overhaul has included actual, impending, and potential RIFs to agencies, which would impact the operations of the Harris County Public Health.

4. I make this declaration in support of the above-captioned case. Except as otherwise stated, I have personal knowledge of the matters set forth herein and can and will testify thereto if called upon to do so.

¹ *About HCPH, Harris Cnty. Pub. Health*, <https://publichealth.harriscountytexas.gov/About/About-HCPH> (last visited Apr. 23, 2025.)

Harris County, Texas

5. At a population of over 5 million residents, and continuing to demonstrate year-over-year population growth,² Harris County is the most populous county in Texas and along the Gulf Coast, as well as the third most populous county in the nation.

6. Harris County is the petrochemical capital of the nation and many industrial refining and chemical companies operate along the Houston Ship Channel.³ These facilities emit toxic air pollution, which has been shown to cause negative health impacts including respiratory issues and increased incidence of cancer.⁴

7. According to a 2024 Community Health Assessment, Harris County has more health problems compared to state-wide medians in nine health areas, including sexually transmitted infections (STIs), maternal, fetal and infant health, and immunizations and infectious diseases.⁵ The State of Texas ranks 40th in an assessment of state-by-state health.⁶ One in four residents of Harris County do not have health insurance.⁷

8. Under Executive Order 14210, The Department of Health and Human Services (HHS) eliminated over 20,000 positions – nearly 25% of its workforce – from various agencies including the Food and Drug Administration (FDA), the Center for Disease Control (CDC), the National Institute of Health (NIH), and Centers for Medicaid and Medicare Services (CMS). Notice from

² *Quick Facts: Harris County, Texas*, U.S. CENSUS BUREAU, <https://www.census.gov/quickfacts/fact/table/harriscountytexas/LNDI10220> (last visited Apr. 23, 2025).

³ *Petroleum Refining & Chemical Products*, Tex. Econ. Dev. AND TOURISM OFFICE <https://gov.texas.gov/business/page/petroleum-refining-chemical-products> (last visited Apr. 23, 2025); *see also* Env't Prot. Agency, Regulatory Impacts Analysis, Accidental Release Prevention Requirements: Risk Management Programs Under the Clean Air Act, Section 112(r)(7) (2016) {available at <https://www.regulations.gov/document/EPA-HQ-QEM-2015-0725-0734>}.

⁴ *Health Impacts of Air Pollution in Harris County, TX*, HARRIS COUNTY PUBLIC HEALTH, <https://publichealth.harriscountytexas.gov/Media/Reports> (last accessed Apr. 23, 2025).

⁵ Office of Planning and Innovation, Community Health Assessment, Harris Cnty. Pub. Health (2024) (available at <https://publichealth.harriscountytexas.gov/Divisions-Offices/Offices/Office-of-Planning-Innovation/CHA-CHIP/Community-Health-Assessment>).

⁶ *2024 State Summaries, America's Health Rankings*, UnitedHealth Found., <https://www.americashealthrankings.org/learn/reports/2024-annual-report> (last accessed Apr. 23, 2025).

⁷ Office of Planning and Innovation, *supra* note 5.

1 Secretary of Health and Human Services Robert F. Kennedy Jr immediately terminated 10,000
 2 employees, and an additional loss of 10,000 employees came from early retirement or resignation
 3 prompted by the "Fork-in-the-Road" policy.⁸

4 9. Harris County has and will continue to be impacted by any reduction in the federal workforce
 5 because it relies on the critical services these federal agencies provide. Listed below are only some
 6 of the agencies that HCPH interacts with frequently and the actualized and expected impact that a
 7 RIF has had and would have on Harris County.

8 **Harms Related to Reorganization of U.S. Department of Agriculture (USDA)**

9 10. USDA and the Food and Drug Administration (FDA): The USDA is critical to ensuring the
 10 safety of food and drugs across the country including in Harris County. Harris County is particularly
 11 vulnerable to food-borne health threats because of the volume of goods passing through the Port of
 12 Houston and the number of travelers through our airports, especially George Bush Intercontinental
 13 Airport (IAH). USDA staff are available at all ports of entry to screen for and seize prohibited and/or
 14 dangerous agricultural and food products. For example, USDA inspectors have been a critical
 15 component of preventing the uncontrolled spread of avian flu. The spread of avian flu into Harris
 16 County could result in the infection, and thus necessary destruction, of poultry flocks. Harris County
 17 does not have the staff capacity, training, or expertise, or authority to counteract the loss of USDA
 18 personnel ensuring prohibited food and/or agricultural products are not allowed through ports of
 19 entry in Harris County. Reduced capacity will result in the increased likelihood of harmful
 20 pathogens to impact the safety of our food supply.

21 11. USDA inspectors are also a critical component of food manufacturing as any facility that
 22 produces food products containing more than two percent poultry or meat products must have a
 23 USDA inspector on site for any operations to take place. There are dozens of food manufacturing
 24 facilities in Harris County. If a RIF lessens the available inspectors at food manufacturers in Harris
 25 County, we do not have the staff capacity, training, practical expertise, or authority to replace those
 26

27 ⁸ Rob Stein et al., *On top of layoffs, HHS ordered to cut 35% of spending contracts*, NPR (Apr. 3,
 28 2025), <https://www.npr.org/sections/shots-health-news/2025/04/03/g-sl-58145/hhs-fda-cdc-cuts-spending>.

1 inspectors to mitigate the impact to the food supply. Thus, there will be increased opportunity for
2 harmful pathogens to enter the food supply.

3 12. The USDA also provides critical support in preventing outbreaks and tracking outbreaks
4 when they do occur. In 2023 and 2024, partners at USDA were vital in determining the origins of a
5 norovirus outbreak affecting Gulf oysters from Texas to Florida. Without those partners, state and
6 local health departments such as Harris County Public Health are left without access to state-of-the-
7 art technology and support to coordinate across dozens of jurisdictions. Consequently, this would
8 create delays affecting our ability to prevent the spread of food-related illnesses.

9 **Harms Related to Reorganization of U.S. Department of Health & Human Services**

10 13. Centers for Disease Control (CDC) The CDC maintains the National Electronic Disease
11 Surveillance System Base System (NBS), an integrated information system which supports local,
12 state, and territorial public health departments to understand, report, and share disease data and
13 health information. By collecting and distributing this data, the NBS hopes to guide public health
14 action by identifying illness, determining interventions, and preventing additional cases.⁹ When the
15 CDC layoffs began, the database became inaccessible to the sub-federal departments which rely
16 heavily on its information. Upon the database's return, gender identity was limited to male and
17 female and sexual orientation was no longer present.

18 14. Harris County Public Health relies on the NBS to produce county-wide reports on the state of
19 community health, including determining areas of vulnerability or growth to better serve our most
20 vulnerable constituents. Without this information, our analysis would be limited to private source
21 data, which is both costly and often restricted to residents with insurance. According to our 2024
22 Community Health Assessment, 1 in 4 adults in Harris County do not have health insurance – above
23 both the State and national average.¹⁰ Thus, without the public data provided by the NBS, HCPH's
24

25 ⁹ Corinne Purtill and Karen Kaplan, *CDC scrubs research databases referencing sexual orientation*
26 *and gender identity*, Los Angeles Times (Jan. 31, 2025)
27 [https://www.latimes.com/science/story/2025-01-31/cdc-scrubs-research-databases-referencing-](https://www.latimes.com/science/story/2025-01-31/cdc-scrubs-research-databases-referencing-sexual-orientation-and-gender-identity)
28 [sexual-orientation-and-gender-identity](https://www.latimes.com/science/story/2025-01-31/cdc-scrubs-research-databases-referencing-sexual-orientation-and-gender-identity).

¹⁰ Office of Planning and Innovation, *supra* note 5.

1 data analysis and reporting would be misrepresentative of real community need. Data and analysis
2 that does not capture the real need of the community causes harm to Harris County Public Health
3 because we would not be able to adequately respond to the actual needs of our community and we
4 would struggle to assign our resources to proper uses. Not having specific and accurate demographic
5 information prohibits HCPH from providing tailored outreach and education to populations most
6 affected with certain diseases or health conditions such as HIV or diabetes.

7 15. The CDC maintains the “Public Health Emergency Preparedness and Response Capabilities:
8 National Standards for State, Local, Tribal, and Territorial Public Health” which covers best
9 practices for program implementation during a public health crisis. These standards offer essential
10 guidance to the HCPH Public Health Preparedness and Response (PHPR) division in necessary steps
11 before and during a public health crisis and outlines the federal requirements for local
12 implementation of grants and agreements. This documentation was removed from the CDC website
13 during the HHS RIF and is no longer accessible to our team. Our team relies on this documentation
14 to ensure we are trained and can implement best practices before a public health crisis begins.

15 16. The Public Health Emergency Preparedness and Response Capabilities document was
16 regularly updated to ensure the standards reflected the most current information and strategy for
17 public health responses. With a RIF, there will be a diminished staff capacity for both determining
18 and updating these guidelines to ensure localities such as Harris County are able to prepare and
19 respond most effectively to emerging epidemics.

20 17. In addition to providing information through the NBS and Public Health Emergency
21 Preparedness and Response Capabilities, the CDC supports local, state, and territorial public health
22 departments with coordination calls to provide status updates regarding local, regional, and national
23 health information. These calls allow for sub-federal departments to receive critical updates as to
24 public health incidents within other jurisdictions. Due to the federal layoffs at the CDC, these
25 coordinating calls temporarily ceased. The coordinating calls have since restarted, however, another
26 RIF gives us reasonable fear that the coordination calls will again be halted while there is an active
27 measles outbreak in Texas.

28 18. The halting and subsequent reduction in these coordination calls prevents the distribution of

1 essential public health information amongst jurisdictions, including HCPH. We rely heavily on
2 timely updates on emerging contagions or other health incidents across the country to prepare our
3 health workers and communities for potential spread, particularly from neighboring areas, such as
4 regarding the current measles outbreak in West Texas. Without consistent and proactive information,
5 the potential for a public health crisis is heightened.

6 19. The CDC is essential in containing outbreaks of contagious diseases through early and
7 accurate identification and intervention recommendations. When a local public health department
8 identifies a potential case of an uncommon disease, it is responsible for providing the State with a
9 biological sample for further testing. If the State identifies the sample as a “true positive”, the sample
10 is supplied to the CDC for genotyping to determine the contagion’s origin point and potential
11 interventions.

12 20. The CDC’s laboratory capacities and medical expertise are necessary in both identifying
13 serious health concerns and in determining local response. Upon notification of a positive test result
14 for uncommon disease, HCPH implements a thorough contact tracing procedure to recent places
15 visited by the patient, including providing post-exposure prophylaxis to at-risk contacts, and readies
16 local health professionals in case of further incidences. For questions regarding designation or
17 intervention, HCPH is able to receive guidance from the CDC via a state liaison. Additionally, were
18 an outbreak to occur, the CDC has previously sent on-site representatives to the impacted area to
19 provide guidance, such as during the Covid-19 pandemic.

20 21. Without CDC’s early and accurate identification and the subsequent roll-out of local
21 interventions, the risk of outbreak in Harris County greatly increases. The current and potential cuts
22 to staffing at HHS may inhibit the ability of CDC laboratories to process test samples in a timely
23 manner and to provide on- and off-site guidance to impacted jurisdictions. Without CDC support,
24 Harris County Public Health has neither the technical equipment nor institutional expertise to
25 adequately identify complex diseases and prevent outbreaks. If complex diseases are not correctly
26 identified or lack appropriate interventions, their spread will occur more quickly and widely and
27 place all Harris County citizens – but particularly our most vulnerable – in harm’s way.

28 22. The CDC provides federal grants to sub-federal jurisdictions to support its proactive

1 development of public health preparedness infrastructure. The administration of these grant
2 programs relies on CDC staff to distribute and review applications, to field questions from
3 applicants, and to assess participating jurisdiction implementation.

4 23. Harris County receives the Cities Readiness Initiative (CRI)" grant and the Public Health
5 Emergency Preparedness (PHEP) grant from the CDC. We apply to these grant programs annually,
6 via Texas' Department of State Health Services. CDC staff assesses whether we have met the
7 necessary deliverables and requirements to renew our grant funding. We have experienced notable
8 delays in receiving answers to our questions from the CDC, via the DSHS liaison, regarding our
9 existing contract and recent re-application. Several calls resulted in no responses from the agency.
10 This delay began when the HHS RIF was implemented, as there is a reduced staff capacity for
11 communicating with jurisdictions. The vast majority (up to 80%) of the HCPH PHPR team is
12 dependent upon the above grants for position funding; thus, any complications or delays in receiving
13 such grant funding would likely necessitate layoffs at our local level to team members conducting
14 essential outreach, preparedness, and innovation projects. In addition to losing staff who rely on
15 grant funding, our operations would be significantly reduced if CRI or PHEP were to be impacted.
16 The CRI grant supports state and large metropolitan public health departments in developing,
17 testing, and maintaining emergency response plans. The PHEP grant program assists public health
18 departments in building effective response strategies for public health threats. Without these
19 programs, HCPH will be limited in proactively designing protocols in case of emergency. When an
20 emergency arises, this could exponentially worsen the community health impact if Harris County
21 lacks sufficient awareness, coordination, and supplies to address the crisis. As evidenced by the
22 COVID-19 pandemic, poor emergency response to a public health crisis can be incredibly costly to
23 economies, to governments, and to lives.

24 24. The CDC operates the Public Health Associate Program (PHAP), a two-year training
25 program for recent graduates to enter the public health workforce via partnership with sub-federal
26

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28 ¹¹ *Cities Readiness Initiative* (CRI), CDC, <https://www.cdc.gov/readiness/php/cri/index.html> (last
accessed Apr. 23, 2025).

1 public health agencies and NGOs. HCPH currently partners with the CDC to host a PHAP
2 participant. The work is primarily centered around grassroots community building for under-served
3 communities in Harris County. The PHAP participant also works on the Strategic National Stockpile
4 program, which strengthens public health preparedness by preparing for distribution of medical
5 countermeasures.

6 25. During the HHS RIF, our PHAP participant temporarily ceased work as a “freezing effect”
7 from the mass-layoffs, as many other PHAP participants across the country received termination
8 notices. One week later, she was notified to continue her role but did so in a diminished capacity in
9 case of further staff reductions. Her work-responsibilities were limited and her projects scaled back
10 so that projects could continue if she was terminated. If further cuts eliminate the PHAP program,
11 HCPH’s ability to access hard-to-reach communities and to readily prepare emergency stockpiles
12 will be notably impacted. As participation in the Strategic National Stockpile program is a required
13 deliverable for HCPH’s grant funding, this may jeopardize a significant source of income for the
14 division.

15 26. Harris County receives the Food Safety grant from Health and Human Services administered
16 by the Centers for Disease Control (CDC). The grants support research into safe food-handling
17 practices and the development of improved best practices. The grant ends in September, and in years
18 past, we have been informed of its renewal in May. In recent weeks, Harris County Public Health
19 staff have reached out to our partners at CDC to inquire about grant status and have received no
20 meaningful response or have simply been informed that the federal employees contacted are no
21 longer employed with the agency. It is already apparent that a reduction in staff is negatively
22 affecting the agency’s ability to keep up with requests and questions from local governments.
23 Consequently, a further RIF would harm Harris County by eliminating staff we depend on to ensure
24 we comply the conditions of the Food Safety grant and can continue to qualify to receive that
25 funding.

26 **Harms Related to Reorganization of U.S. Department of Homeland Security**

27 27. Before, during, and after a natural disaster, FEMA takes steps to assist communities in need.
28 This includes the provision of public assistance to local, state, and territorial governments who

1 expend resources in protection, management, or recovery from a disaster. During the COVID-19
2 pandemic, the FEMA Public Assistance Program expanded to include eligible emergency protective
3 measures in response to the COVID-19 emergency at the direction or guidance of public health
4 officials.

5 28. Harris County has yet to receive the relevant public assistance reimbursements from FEMA
6 for the necessary expenses incurred in protecting public health during the COVID-19 pandemic. Due
7 to the presumed volume of outstanding reimbursement requests, and the proven lengthy duration in
8 processing, potential reductions in FEMA staff may further extend the delay in reimbursement for
9 HCPH. If received, the withheld funds could otherwise be allocated to other Harris County projects
10 to improve Harris County.

11 29. Additionally, in the aftermath of a major event, FEMA has provided direct support for our
12 disaster recovery efforts in Harris County. This includes the National Disaster Medical System
13 (NDMS) which utilizes healthcare providers across the nation to enter post-disaster areas and set up
14 temporary medical centers to provide care to impacted citizens, and the Disaster Mortuary
15 Operational Response Teams (DMORT) which fields experts to support local mortuary services in
16 identifying victims and reuniting human remains with loved ones. By providing additional support
17 from non-impacted healthcare professionals and mortuary experts, NDMS and DMORT allows for
18 HCPH workers to adequately support the community while concurrently handling any personal
19 injury or impact. A RIF at FEMA would impact the operation of the NDMS and DMORT in Harris
20 County and jeopardize sufficient public health operations in times of disaster. Given the frequency
21 of high-risk natural disasters in Harris County, this is of particular concern.

22 30. The direct and substantial interests discussed above demonstrate the harm to Harris County
23 which has occurred due to the actualized RIFs and will likely occur due to potential RIFs.

24 I declare under penalty of perjury under the laws of the United States of America that the
25 foregoing is true and correct.
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28

Executed on April 29, 2025 at San Antonio, Texas.


LEAH BARTON